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The introduction of 2½ to 3 cubic feet of air per minute through a ¼-inch hole at the top of the helmet would produce an uncomfortable draft on the top of the uncovered head, particularly in cold weather. The operators in using the apparatus as recommended by us wore their caps and in testing it ourselves we placed a folded handkerchief on the top of the head. It would seem desirable, however, to construct the helmet with a deflector plate under the air inlet so as to distribute the air more evenly and avoid the necessity for other protection. It would also be well to provide an air chamber equipped with a small heating coil to temper the incoming air in cold weather.

Finally, there are a few minor points in construction which will contribute materially to the success of such protective devices as those described. The tubing connecting the air line to the helmet should be of light weight so as to avoid a drag on the head of the operator, and it should be connected to the supply pipe overhead and near the center of the chamber so that its length may be as short as possible. We would recommend that about 2 feet of the tubing should be permanently connected to the helmet and equipped with a connecting joint (which might be merely a 2-inch section of brass tubing) so that the worker could enter the chamber fully equipped and make his air-line connection without removing his helmet. It would seem advisable to provide no air valve within reach of the worker, but to keep the air control under the supervision of the foreman. The air valve should be set to deliver 2.5 to 3.0 cubic feet of air per minute, and this air supply should be continuously maintained during working hours. The additional cost required to maintain a continuous air supply would be a minor item compared with the danger arising should individual workers fail to turn on the air supply.

With the type of installation described above we believe that the worker in a sand-blasting cabinet will be effectively safeguarded against the dust hazard incident to his employment.

ANTIMALARIAL WORK IN DALLAS, TEX.

By Leslie C. Frank, Director of Public Health, and Frank R. Shaw, City Sanitarian.

Malaria-control activities in the city of Dallas, Tex., were started May 9, 1916, under the general supervision of Mr. Charles Saville, Director of Public Health, and under the immediate direction of Mr. H. W. Van Hovenberg, Chief of the Division of Sanitation, and have been continued throughout each season to the present year.

The first year's work consisted of the initial brushing, channeling, and training of creeks and natural water courses, the draining of pools of water, and oil operations for the prevention of mosquito breeding where it was not otherwise prevented. An educational campaign was conducted so as to mold public opinion and secure the best possible cooperation.

The work during the season of 1916 covered an area of approximately 6 square miles, and included the brushing, ditching, and oiling of 30 miles of stream. The entire operation, including all costs, amounted to $2,803, or $93.40 per mile. Fourteen hundred gallons of oil, at a cost of 8 cents per gallon, were used during the 6 months. The labor cost on the different divisions of the work at a rate of $2 per day was as follows:

	Cost per mile.
Ditching	$28.50
Clearing banks	11.10
Oiling	5.80

The actual cost per capita for 1916, on the basis of a population of 140,000, was 2 cents.

For the years 1917 and 1918 the cost data are incomplete and unsatisfactory.

The total area under control during the season of 1919 was 10.5 square miles, and included the maintenance and oiling of 45 miles of creeks and ditches. Four thousand five hundred gallons of oil, at a cost of 14½ cents per gallon, were used during the 8 months. The labor cost, at the rate of $3 per day, was as follows:

	Cost per mile.
Channeling and ditching	$35
Oiling	4

The cost of the entire operation for 1919 was $4,278.72; and on the basis of a population of 168,000, the per capita cost for 1919 was 2.54 cents.

It is in most cases very difficult to measure the result of anti-malarial work, as the morbidity reports and mortality reports on malaria have never been very dependable, this being particularly true of morbidity reporting. However, the following figures are significant:

During the twelve-month period ended August 31, 1916, 27 deaths from malaria were reported in Dallas. As stated in this report, malaria-control work was begun on May 9, 1916. For the succeeding twelve-month periods since 1916 the mortality figures are, 1917, 9 deaths; 1918, 11 deaths; 1919, 6 deaths.

These reductions in malaria deaths have taken place despite the increase in population of the city from 140,000 in 1916 to 170,000 in 1919. Averaging the malaria deaths for the past 3 years, therefore, it is apparent that the death rate in Dallas has been reduced from 19.3 per 100,000 in 1916 to an average of 5.4 per 100,000 since 1916. This is a reduction of 72 per cent.

The above figures give ample evidence of the value of anti-malarial work to any community.